

1. GRANT TITLE Maintaining High Quality Analysis of Blood Alcohol Concentration on Samples from Driving Under the Influence Cases	
2. NAME OF AGENCY SAN LUIS OBISPO COUNTY SHERIFF'S OFFICE	4. GRANT PERIOD From: 10/1/16 To: 9/30/17
3. AGENCY UNIT TO ADMINISTER GRANT FORENSIC ALCOHOL LABORATORY	
5. GRANT DESCRIPTION The San Luis Obispo County Forensic Alcohol Laboratory (FAL) will purchase a dual column Gas Chromatographer (GC) with headspace analyzer. This GC will ensure the highest quality of BAC testing is provided to law enforcement agencies throughout the County. SLOSO FAL will also purchase supplies necessary for instrument validation.	
6. FEDERAL FUNDS ALLOCATED UNDER THIS AGREEMENT SHALL NOT EXCEED: \$ 95,000.00	
7. TERMS AND CONDITIONS: The parties agree to comply with the terms and conditions of the following which are by this reference made a part of the Agreement: <ul style="list-style-type: none">• Schedule A (OTS-38b) – Problem Statement, Goals and Objectives and Method of Procedure• Schedule B (OTS-38d) – Detailed Budget Estimate and Sub-Budget Estimate (if applicable)• Schedule B-1 (OTS-38f) – Budget Narrative and Sub-Budget Narrative (if applicable)• Exhibit A – Certifications and Assurances• Exhibit B* - OTS Grant Program Manual <p>*Items shown with an asterisk (*), are hereby incorporated by reference and made a part of this agreement as if attached hereto. These documents can be viewed at the OTS home web page under Grants: www.ots.ca.gov.</p> <p>We, the officials named below, hereby swear under penalty of perjury under the laws of the State of California that we are duly authorized to legally bind the Grant recipient to the above described Grant terms and conditions.</p> <p>IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.</p>	
8. APPROVAL SIGNATURES	
A. GRANT DIRECTOR NAME: Teri Prince PHONE: 805-781-4624 TITLE: Forensic Lab. Specialist FAX: 805-781-1004 ADDRESS: 1585 Kansas Ave San Luis Obispo, CA 93405 E-MAIL: tprince@co.slo.ca.us _____ (Signature) (Date)	B. AUTHORIZING OFFICIAL OF AGENCY NAME: Ian Parkinson PHONE: 805-781-4540 TITLE: Sheriff FAX: 805-781-1004 ADDRESS: 1585 Kansas Ave San Luis Obispo, CA 93405 E-MAIL: iparkinson@co.slo.ca.us _____ (Signature) (Date)
C. FISCAL OR ACCOUNTING OFFICIAL NAME: Jennie Brunick PHONE: 805-781-4555 TITLE: Administrative Services Manager FAX: 805-781-1004 ADDRESS: 1585 Kansas Ave San Luis Obispo, CA 93405 E-MAIL: jbrunick@co.slo.ca.us _____ (Signature) (Date)	D. OFFICE AUTHORIZED TO RECEIVE PAYMENTS NAME: San Luis Obispo County Sheriff's Office ADDRESS: 1585 Kansas Ave San Luis Obispo, CA 93405
9. DUNS NUMBER DUNS #: 35116404 REGISTERED ADDRESS & ZIP: 1585 Kansas Avenue San Luis Obispo, CA 93405-7604	

EFFECTIVE DATE OF AGREEMENT: 10/1/2016		GRANTEE SAN LUIS OBISPO COUNTY SHERIFF'S OFFICE		GRANT NO. AL1729	
10. Fin Action No. 1	Date: 6/28/2016	12. TYPE OF AGREEMENT	Initial <input checked="" type="checkbox"/>	Revision	Cont.
Revision No.		PAID MEDIA	PROGRAM INCOME	TASK NO.	F.F.Y.
Date:				7	2017

11. Action Taken Initial approval of 2017 HSP funds obligated.	13. FUNDING DISPOSITION & STATUS	
	Fiscal Year	Amount
	2016-17	95,000.00
	2015-16	
	2014-15	
	2013-14	
	Total	95,000.00
	Obligated This Action	95,000.00
	Previously Obligated	0.00
	Total Amount Obligated	95,000.00
	TOTAL FUNDS PROGRAMMED	95,000.00

14. FUNDING DETAIL - FISCAL YEAR GRANT PERIOD ENDING: 9/30/2017						
FUND	CFDA	ITEM/APPROPRIATION	F.Y.	CHAPTER	STATUTE	PROJECTED EXPENDITURES
164AL	20.608	0521-0890-101 (10/15)	2015	10/15	2015	\$ 57,000.00
164AL	20.608	0521-0890-101 (BA/16)	2016	BA/16	2016	\$ 38,000.00
-	-	-	-	-	-	\$ -
-	-	-	-	-	-	\$ -
-	-	-	-	-	-	\$ -
-	-	-	-	-	-	\$ -
-	-	-	-	-	-	\$ -
-	-	-	-	-	-	\$ -
TOTAL FEDERAL FUNDS:						\$ 95,000.00

15. GRANT APPROVAL & AUTHORIZATION TO EXPEND OBLIGATED FUNDS

A. APPROVAL RECOMMENDED BY	B. AGREEMENT & FUNDING AUTHORIZED BY
NAME: JUDY DANCY TITLE: Program Coordinator PHONE: (916) 509-3052 E-MAIL: judy.dancy@ots.ca.gov Office of Traffic Safety 2208 Kausen Drive, Suite 300 Elk Grove, CA 95758 Signature _____	NAME: RHONDA L. CRAFT TITLE: Director Office of Traffic Safety 2208 Kausen Drive, Suite 300 Elk Grove, CA 95758 Signature _____